MRI Workgroup Meeting Notes 11/18/2021
Meeting held via Zoom.

Chairperson is Suresh Mukherji, MD

Attendance:

- Chairperson is Suresh Mukherji, MD
- Abby Burnell, RWC Advocacy
- Karen Thompson, DMC Director of Imaging at Sinai-Grace
- Steve Szelag, U of M
- David Walker, Spectrum
- Tulika Bhattacharya, MDHHS
- Scott Bowers, Trinity (Manager of MRI Services for SE MI)
- Brenda Rogers, MDHHS
- Marcus Connelly, MDHHS
- Brian Madison, HCS Group
- Cheryl Martin, HFHS (VP of Radiology)
- Dr. Brad Betz, Spectrum
- Jenny Groseclose, Munson
- Rachel Kelley, Ascension
- Lou Bischoff, Imaging Director for Ascension Providence
- Chris Struve, Ascension
- Marlena Hendershot, Sparrow
- Kirsten Tesner, Ascension
- Arlene Elliot, Arbor Advisors
- Matt Rowell, Alliance HNI
- Rod Z, MidMichigan Health
- Nancy List, McLaren Healthcare
- Eric Fischer, DMC
- Ryan Mysen, Alliance HNI
- Kenny Wirth, MDHHS
- Emily Vocke, HFHS
- Daniel Conklin
- Unidentified, Zoom User "Umbrin"
- Vikas Gulani, Michigan Medicine
- Stacey Leick, EAM
- Ron Meade, Beaumont Hospital
- Patrick O'Donovan, Beaumont Health
- Don Dumke, Dickinson County Healthcare System
- Unidentified, Phone User 616-***-3668

- New Participants:
- None.

Welcome and call to order: Dr. Mukherji

Review and Level set: Dr. Mukherji

- 3 meetings left on the schedule. We started with a total of 11 charges.
- To date we have tracked the following:
    - Charge 3 is resolved at the last meeting and proposed language was approved.
    - Charge 6 was discussed at the last meeting and although it was within our scope but we have agreed not to take it up at this time because it was to broad.
    - Charges 5, 7, 8 out of scope and closed out at the first meeting.
    - Charge 11 is just clean up edits the Department will make if needed.
    - 5/11 charges have been closed to date. Today we will hear subgroup updates from the remaining charges.
        - Charges 1,4,9 (Subgroup 1)
        - Charge 2 (Subgroup 3)
        - Charge 10 (Subgroup 4)

Subgroup Updates

Subgroup #1 (Charges 1, 4, & 9) –Presentation and survey responses.

- Lead by Marlena Hendershot, Sparrow and Cheryl Martin, HFHS
- The subgroup has flipped the order in the way they will have address the charges. Looked at charge 4 first they charges 1 and 9.

Charge 4 – GA Weighting

- The subgroup completed a time study and interview on the anesthesia issue.
- There was consensus from the subgroup on the item to update the sedation weightings and add an additional weight from of 1.5 for deep sedation and general anesthesia.
- The subgroup will model the increased adjusted procedures (Aps) to account for the increased sedation, will mostly impact hospitals.
- Language below approved unanimously by the workgroup without any concerns.

Section 1. Definitions
Sec. 2(1)
(pp) "Re-sedated patient" means a patient, either pediatric or adult, who fails the initial sedation during the scan time and must be extracted from the unit to rescue the patient with additional sedation.
(qq) "Sedated patient" means a patient that meets all of the following: (i) whose level of consciousness is either conscious-sedation or a higher level of sedation, as defined by the American Association of Anesthesiologists, the American Academy of Pediatrics, the Joint Commission on the Accreditation of Health Care Organizations, or an equivalent definition. (ii) who is monitored by mechanical devices while in the magnet.

Section 15. MRI Procedure Adjustments
Sec. 15(1)
(d)For each MRI procedure performed on a sedated patient, 0.75 shall be added to the base value **for conscious sedation and 1.5 shall be added to the base value for general anesthesia or deep sedation as defined by the American Society of Anesthesiologists**
(e) For each MRI procedure performed on a re-sedated patient, 0.25 shall be added to the base

Charge 1 – Review volume requirements

- The subgroup will focus on minimum maintenance volumes for fixed and mobile and expansion volumes.
- The subgroup is modeling sedation and looking to have recommendations at the next workgroup meeting.
- The group is considering language or geographically significant units specifically in rural and underserved areas of the state.

Charge 9- Add a host site to a fixed service without physician commitments

- Draft language has been formed and will be approved at the next meeting. Hoping to bring recommendations to the next workgroup meeting.

Subgroup # 3 (Charge 2) – Chris Struve, Ascension – Presentation

- Originally, the subgroup explored a provision that would mirror CT language and exempt all 24/7 ED from initiation criteria and maintenance volumes. Both the subgroup and the workgroup felt that proposal too much potential impact given mobile routes and the workgroup went back to consider a more narrow provision based on the MRI modality use. Specially the subgroup looked at layering a provision for Trauma designation and stroke programs.
- Currently there are 13 Level 1 Trauma Centers, 25 Level 2 centers, 23 Level 3 centers and 43 level 4 centers.
- Currently there are 12 comprehensive stroke centers and 2 thrombectomy-capable stroke centers
- The subgroup without consensus recommends a provision that ensured at least one initial MRI would be available (without volume for a facility with either Level 1 or Level 2 or CSC/TSC Certified Stroke Program. That would be 39 facility for if the language proposed 'OR' and 13 is the provision required both trauma and CSC/TSC stroke.
- An unit initiated under this provision would continue to be subject to the project delivery requirements.
- Patrick O'Donovan, Beaumont Health has concerns over if this really an access issue and exempting a unit to be initiated without volume but holding them to the project delivery requirements.
- Abby Burnell, RWC Advocacy – I think we need to be asking if it is good policy to allow for this provision to protect our L 1&2 Trauma hospitals and stroke programs since access to MRI is required in that designation.
- Dr. Mukherji would like to see consensus from the group and asks that they meet again and in December provide the following: # of hospitals PSC and TSCs
- Draft language below was presented but no vote was taken:

Section 3. Requirements to initiate an MRI service
Sec. 3. An applicant proposing to initiate an MRI service or a host site shall demonstrate the following requirements, as applicable:
(1) An applicant proposing to initiate a fixed MRI service shall demonstrate 6,000 available MRI adjusted procedures per proposed fixed MRI unit from within the same planning area as the proposed service/unit.
(2) An applicant proposing to initiate a fixed MRI service that meets the following requirements shall not be required to be in compliance with subsection (1):
(a) A hospital proposing to initiate its first fixed MRI unit shall demonstrate all of the following:
(i) The proposed site is a hospital licensed under Part 215 of the Code.
(ii) The hospital operates an emergency room that provides 24-hour emergency care services as authorized by the local medical control authority to receive ambulance runs.
(iii) The applicant hospital is designated as a Level I or II trauma facility by the American College of Surgeons and has been certified as a Comprehensive Stroke Center by The Joint Commission, the Accreditation Commission for Health Care, Inc, or Det Norske Veritas

Subgroup #4 (Charge 10) Dave Walker, Spectrum Health – Presentation

- The subgroup has been working hard via email to refine the language but met this week to review and approve the recommendation and language to be presented today.
- Portable units are a new technology but want to create an opportunity for their use in Michigan with a limited approach that is specific to the MRI modality.
- As written 20 facilities would qualify with 1 facility in a rural area.
- Current portable MRI is for head scans but best for neuro and stroke.
    - Dr. Mukherji what is the difference between brain and head. – Brain makes more sense. All agreed.
- To initiate hospitals would have to meet the following:
    - Operational MRI service for 36-months
    - Level 1 or 2 Trauma and a Comprehensive Stroke Center.
    - OR has in the most recent 12-months treated 500 acute stroke patients in a metro county and 300 acute stroke patients in a rural county.
- The hospital must agree to
    - Only use for brain or head scanning
    - Have an safety committee to oversee use
    - Report the utilization data annually to the Department
- Vikas Gulani, Michigan Medicine concerns that the unit scan are not adequate for diagnosis and could cause harm if facilities were using them regularly.
- Dr. Betz and Dr. Mukherji expressed its important to create a provision for the technology to be allowed under CON then hospitals can evaluate safety further refine use if they want.
- Department confirmed an applicant would still need to meet the 6,000 points to initiate a unit; this is just a special use exemption on a diagnostic unit.
- Subgroup recommends the following language to allow for limited scope now but also revisit the charge by reviewing utilization and FDA approved equipment in 3 years.
- Draft language below was unanimously approved by the subgroup.

Definition:
Section 2(1)(q) "hospital-based portable MRI" means an MRI unit that can be transported into patient care areas (e.g. dedicated neuroscience unit, ICU, Operating Room) to provide imaging of the brain.

Section 13. Requirements for all applicants proposing to initiate, replace, or acquire an FDA-approved hospital-based portable MRI unit

Sec. 13. An applicant proposing to initiate, expand, replace, or acquire an FDA-approved hospital-based portable MRI unit shall demonstrate that it meets all of the following:

(1) An applicant is limited to the initiation, expansion, replacement, or acquisition of no more than two hospital-based portable MRI units.

(2) The proposed site is a hospital licensed under Part 215 of the Code.

(3) The proposed site has an existing fixed MRI service that has been operational for the previous 36 consecutive months and is meeting its minimum volume requirements.

(4) The applicant hospital is designated as a Level I or II trauma facility by the American College of Surgeons and has been certified as a Comprehensive Stroke Center by The Joint Commission,

the Accreditation Commission for Health Care, Inc, or Det Norske Veritas or has cared for more than 500 acute stroke patients in the most recent 12-month period if located in a metropolitan county or 300 acute stroke patients in the most recent 12-month period if located in a rural or micropolitan county.

(5) The applicant agrees to operate the FDA-approved hospital-based portable MRI unit in accordance with all applicable project delivery requirements set forth in Section 14 of these standards.

(6) The approved FDA-approved hospital-based portable MRI unit will not be subject to MRI volume requirements.

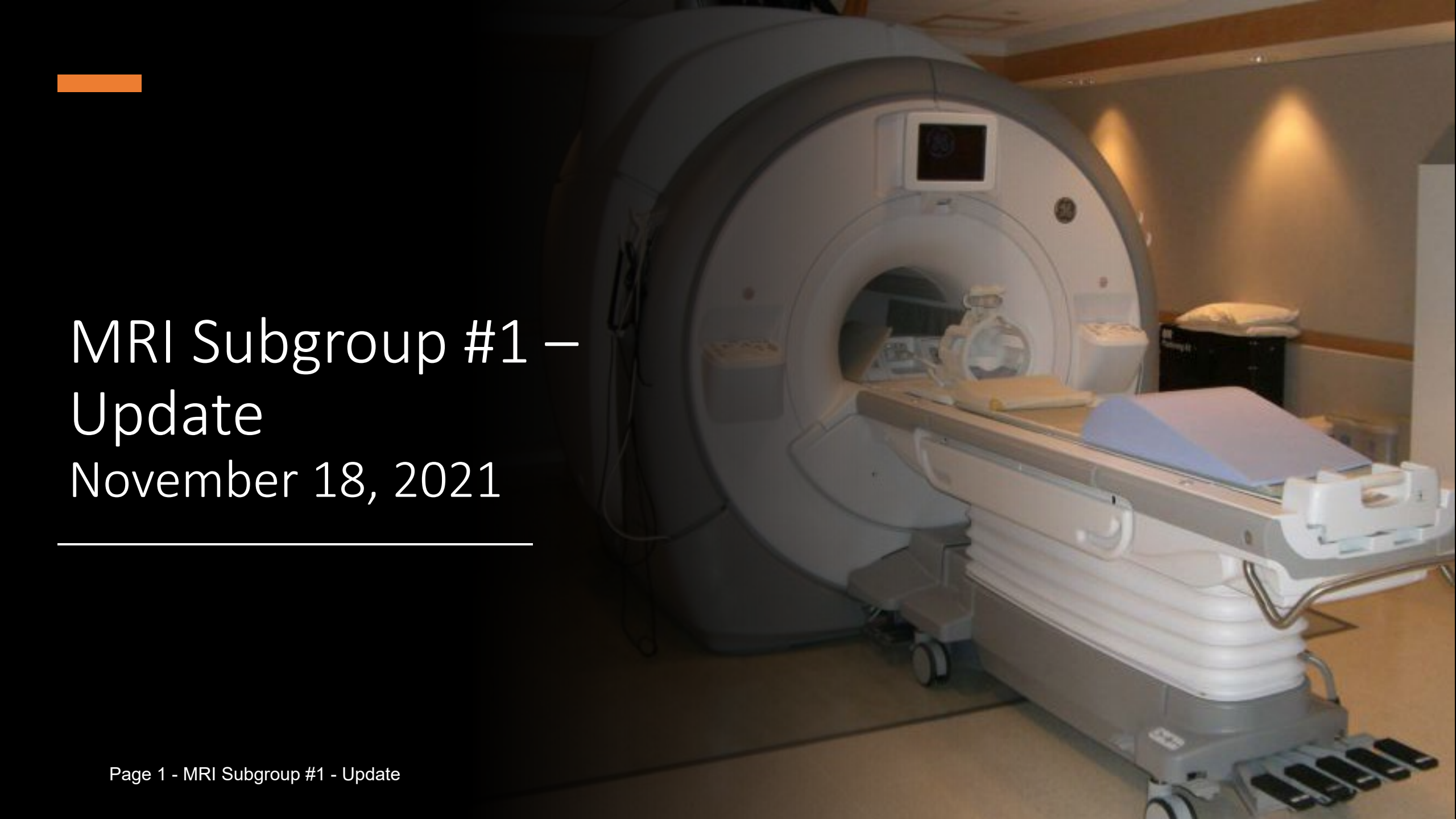
(7) The applicant may not utilize MRI procedures performed on an FDA-approved hospital-based portable MRI unit to demonstrate need or to satisfy MRI CON review standards requirements.

Section 14. Project delivery requirements – terms of approval

(7) An applicant approved under Section 13 shall be in compliance with the following:
(a) The FDA-approved hospital-based portable MRI unit can only be used by a qualifying program for brain scanning of patients being treated in a dedicated neuroscience unit, an adult or pediatric Intensive Care Unit (ICU) and/or an operating room.
(b) The approved applicant must have an institutional MRI safety committee.
(c) The approved applicant must provide annual reports to the Department by April 30th of each year for the preceding calendar year, which include at least all of the following visits performed on the FDA-approved hospital-based portable MRI unit.
(d) The following portable MRI data must be reported to the Department:
(i) Number of adult visits (age>=18)
(ii) Number of pediatric visits (age<18)
(iii) Number of visits performed in an ICU
(iv) Number of visits performed in a dedicated neuroscience unit
(v) Number of visits performed in an operating room

MRI Subgroup #1 – Update

November 18, 2021



Review of Subgroup #1 Charges

#1 - Review all volume requirements for fixed and mobile MRI

#4 - Review the current equivalent weighting for patient sedation/general anesthesia in Section 15(1)(a)

#9 - Review the addition of a mobile service to a fixed site without physician commitment letters

Charge #1 – Review Volume Requirements

- Meeting #3:
  - Now that we have agreed on sedation weights (charge #4)
    - Next step - calculate volume impact
    - Commitment to send out proposed language prior to next meeting

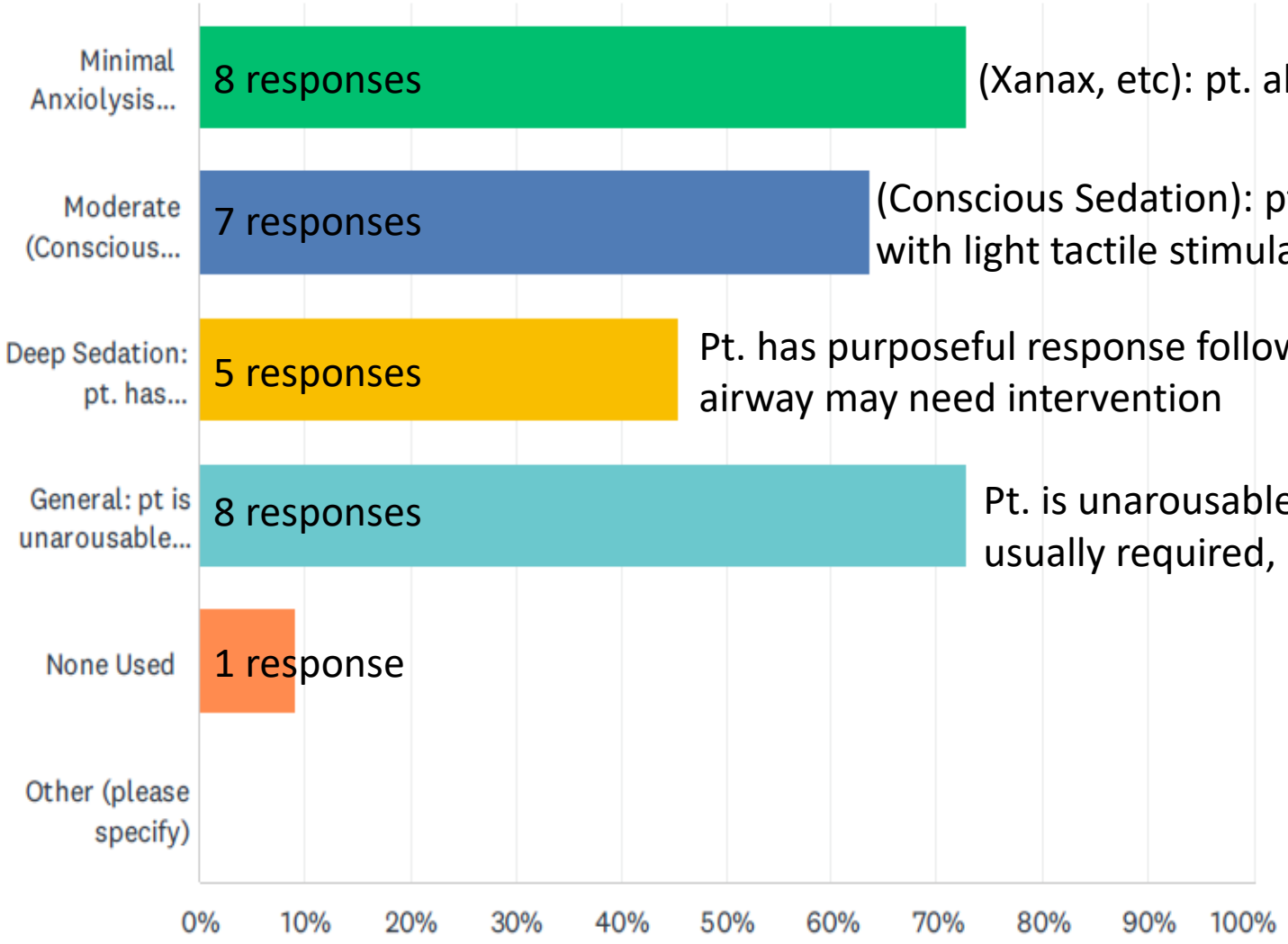
- Next meeting:
  - Review and Approve Volume Proposals for Fixed
  - Review and Approve Volume Proposals for Mobile

Charge #4 – Sedation/Anesthesia Weights

- Meeting #3:
  - Reviewed Survey results
  - Received subgroup's approval of additional weights to be added to standards for deep sedation and general anesthesia of 1.5
  - Maintain 0.75 weight for conscious sedation
  - Subgroup approved proposed language

- Next Steps:
  - Informal Workgroup Approval of Language

Q1 Do you use any of the following sedation levels:(check all that apply)



(Xanax, etc): pt. able to respond normally to verbal commands

(Conscious Sedation): pt. able to respond to verbal commands alone or with light tactile stimulation, usually no airway intervention required

Pt. has purposeful response following repeated or painful stimulation, airway may need intervention

Pt. is unarousable even with painful stimulus, airway intervention usually required, may have impaired cardiovascular function

Charge #4 - Draft Language Proposal

- Section 15. MRI Procedure Adjustments - **CURRENT**
  - Sec. 15(1)
    - (d) For each MRI procedure performed on a sedated patient, 0.75 shall be added to the base value
    - (e) For each MRI procedure performed on a re-sedated patient, 0.25 shall be added to the base

- Section 15. MRI Procedure Adjustments - **PROPOSED**
  - Sec. 15(1)
    - (d) For each MRI procedure performed on a sedated patient, 0.75 shall be added to the base value for conscious sedation and 1.5 shall be added to the base value for general anesthesia or deep sedation as defined by the American Society of Anesthesiologists
    - (e) For each MRI procedure performed on a re-sedated patient, 0.25 shall be added to the base

Charge #9 – Physician Commitments for Mobile Svc

- Meeting #3:
  - Discussed issues surrounding physician commitments and if should be necessary to be granted mobile MRI approval. Discussed guardrails that should be included in the standards.
  - Commitment to send out proposed language prior to next meeting

- Next Meeting:
  - Review and Approve Language

Questions?

Proposed Language for Charge 4: Review the current equivalent weighting for patient sedation/general anesthesia in Section 15(1)(a)

Section 2. Definitions

(qq) "Sedated patient" means a patient that meets all of the following:

(i) whose level of consciousness is either conscious-sedation or a higher level of sedation, as defined by the American ~~Association~~ Society of Anesthesiologists, the American Academy of Pediatrics, the Joint Commission on the Accreditation of Health Care Organizations, or an equivalent definition.

(ii) who is monitored by mechanical devices while in the magnet.

(iii) who requires observation while in the magnet by personnel, other than employees routinely assigned to the MRI unit, who are trained in cardiopulmonary resuscitation (CPR).

Section 15. MRI procedure adjustments

Sec. 15. (1) The Department shall apply the following formula, as applicable, to determine the number of MRI adjusted procedures that are performed by an existing MRI service or unit:

(a) The base value for each MRI procedure is 1.0. For functional MRI (fMRI) procedures, MRIguided interventions, and cardiac MRI procedures, the base value is 2.0.

(i) fMRI means brain activation studies.

(ii) MRI-guided interventions means any invasive procedure performed requiring MRI guidance performed in the MRI scanner.

(iii) Cardiac MRI Procedure means dedicated MRI performed of the heart done for the sole purpose of evaluation of cardiac function, physiology, or viability.

(b) For each MRI visit involving a pediatric patient, 0.25 shall be added to the base value.

(c) For each MRI visit involving an inpatient, 0.50 shall be added to the base value.

(d) For each MRI procedure performed on a sedated patient, 0.75 shall be added to the base value for conscious sedation and 1.5 shall be added to the base value for general anesthesia or deep sedation as defined by the American Society of Anesthesiologists.

MRI Subgroup #3

Michigan Trauma Programs

Michigan Trauma Program (MRI Status)

Trauma Facility Name	Location	Trauma Level - Adult	Trauma Level - Pediatric	MRI
Ascension St. John Hospital	Detroit	Level I	Level II	YES
Beaumont Hospital – Royal Oak	Royal Oak	Level I	Level II	YES
Bronson Methodist Hospital	Kalamazoo	Level I		YES
Detroit Receiving Hospital	Detroit	Level I		YES
Henry Ford Hospital	Detroit	Level I		YES
Hurley Medical Center	Flint	Level I	Level II	YES
Sparrow Hospital	Lansing	Level I		YES
Spectrum Health Butterworth	Grand Rapids	Level I		YES
St. Joseph Mercy Hospital	Ann Arbor	Level I		YES
University Hospital – Michigan Medicine	Ann Arbor	Level I		YES
Ascension Borgess Hospital	Kalamazoo	Level II		NO
Ascension Genesys Hospital	Grand Blanc	Level II		YES
Ascension Providence Hospital – Novi	Novi	Level II		YES
Ascension Providence Hospital – Southfield	Southfield	Level II		YES
Ascension St. Mary's of Michigan	Saginaw	Level II		YES
Beaumont Hospital – Dearborn	Dearborn	Level II		YES
Beaumont Hospital – Farmington Hills	Farmington Hills	Level II		YES
Beaumont Hospital – Trenton	Trenton	Level II		YES
Beaumont Hospital – Troy	Troy	Level II		YES
Covenant Healthcare	Saginaw	Level II	Level II	YES
Henry Ford Allegiance Health	Jackson	Level II		YES
Henry Ford Macomb Hospital	Clinton Township	Level II		YES
McLaren Lapeer Region	Lapeer	Level II		YES
McLaren Macomb Hospital	Mt. Clemens	Level II		YES
McLaren Northern Michigan	Petoskey	Level II		YES
McLaren Oakland	Pontiac	Level II		YES
Mercy Health Mercy Campus	Muskegon	Level II		YES
Mercy Health Saint Mary's	Grand Rapids	Level II		YES
Metro Health: University of Michigan Health	Wyoming	Level II		YES
MidMichigan Medical Center	Midland	Level II		YES
Munson Healthcare	Traverse City	Level II		YES
Sinai-Grace Hospital	Detroit	Level II		YES
St. Joseph Mercy Oakland	Pontiac	Level II		YES
St. Mary Mercy Hospital	Livonia	Level II		YES
UP Health System – Marquette	Marquette	Level II		YES

Trauma Facility Name	Location	Trauma Level - Adult	Trauma Level - Pediatric	MRI
Ascension Macomb-Oakland Hospital	Warren	Level III		YES
Ascension Providence Rochester Hospital	Rochester	Level III		YES
Aspirus Keweenaw Hospital	Laurium	Level III		YES
Beaumont Hospital – Grosse Pointe	Grosse Pointe	Level III		YES
Beaumont Hospital – Wayne	Wayne	Level III		YES
Bronson Battle Creek	Battle Creek	Level III		YES
Henry Ford West Bloomfield	West Bloomfield	Level III		YES
Henry Ford Wyandotte Hospital	Wyandotte	Level III		YES
Holland Hospital	Holland	Level III		YES
Lake Huron Medical Center	Port Huron	Level III		YES
McLaren Bay Region	Bay City	Level III		YES
McLaren Flint	Flint	Level III		YES
McLaren Greater Lansing	Lansing	Level III		YES
McLaren Port Huron	Port Huron	Level III		YES
MidMichigan Medical Center – Alpena	Alpena	Level III		YES
MidMichigan Medical Center – Gratiot	Alma	Level III		YES
Oaklawn Hospital	Marshall	Level III		YES
ProMedica Monroe Regional Hospital	Monroe	Level III		YES
Spectrum Health Blodgett	Grand Rapids	Level III		YES
Spectrum Health Lakeland – St. Joseph	St. Joseph	Level III		YES
Spectrum Health Zeeland Community Hospital	Zeeland	Level III		YES
UP Health System – Portage	Hancock	Level III		YES
War Memorial Hospital	Sault St. Marie	Level III		YES
Allegan General Hospital	Allegan	Level IV		YES
Ascension Macomb-Oakland Hospital; Madison Heights	Madison Heights	Level IV		YES
Ascension River District Hospital	East China	Level IV		YES
Ascension St. Joseph Hospital	Tawas City	Level IV		YES
Ascension Standish Hospital	Standish	Level IV		YES
Aspirus Iron River Hospital and Clinics	Iron River	Level IV		NO
Aspirus Ironwood Hospital	Ironwood	Level IV		YES
Aspirus Ontonagon Hospital	Ontonagon	Level IV		YES
Baraga County Memorial Hospital	L'Anse	Level IV		YES
Beaumont Hospital – Taylor	Taylor	Level IV		YES
Bronson Lakeview Hospital	Paw Paw	Level IV		YES
Bronson South Haven Hospital	South Haven	Level IV		YES
Deckerville Community Hospital	Deckerville	Level IV		YES
Eaton Rapids Medical Center	Eaton Rapids	Level IV		YES
Harbor Beach Community Hospital	Harbor Beach	Level IV		YES
Helen Newberry Joy Hospital	Newberry	Level IV		YES
Hills and Dales General Hospital	Cass City	Level IV		NO
Kalkaska Memorial Health Center	Kalkaska	Level IV		YES
Lakeland Hospital - Watervliet	Watervliet	Level IV		YES
Marlette Regional Hospital	Marlette	Level IV		YES
McKenzie Health System	Sandusky	Level IV		YES

Trauma Facility Name	Location	Trauma Level - Adult	Trauma Level - Pediatric	MRI
McLaren Caro Region	Caro	Level IV		NO
Mercy Health Lakeshore Campus	Shelby	Level IV		YES
MidMichigan Medical Center – Clare	Clare	Level IV		YES
Munson Healthcare Cadillac Hospital	Cadillac	Level IV		YES
Munson Healthcare Charlevoix Hospital	Charlevoix	Level IV		YES
Munson Healthcare Grayling Hospital	Grayling	Level IV		YES
North Ottawa Community Hospital	Grand Haven	Level IV		YES
OSF Healthcare St. Francis Hospital and Medical Group	Escanaba	Level IV		YES
Otsego Memorial Hospital	Gaylord	Level IV		YES
Paul Oliver Memorial Hospital	Frankfort	Level IV		YES
Scheurer Hospital	Pigeon	Level IV		YES
Sparrow Carson Hospital	Carson	Level IV		YES
Sparrow Clinton Hospital	St. Johns	Level IV		YES
Sparrow Ionia Hospital	Ionia	Level IV		YES
Spectrum Health Big Rapids Hospital	Big Rapids	Level IV		YES
Spectrum Health Gerber Memorial Hospital	Fremont	Level IV		YES
Spectrum Health Kelsey Hospital	Lakeview	Level IV		YES
Spectrum Health Lakeland – Niles	Niles	Level IV		YES
Spectrum Health Ludington Hospital	Ludington	Level IV		YES
Spectrum Health Pennock Hospital	Hastings	Level IV		YES
Spectrum Health Reed City Hospital	Reed City	Level IV		YES
Spectrum Health United Hospital	Greenville	Level IV		YES
C.S. Mott Children's Hospital	Ann Arbor		Level I	YES
Children's Hospital of Michigan	Detroit		Level I	YES
Helen DeVos Children's Hospital	Grand Rapids		Level I	YES

13 Level 1 Trauma Centers
25 Level 2 Trauma Centers
23 Level 3 Trauma Centers
43 Level 4 Trauma Centers

Michigan Stroke Programs

JCAHO Standards for Stroke Certification

The Joint Commission Stroke Certification Programs – Program Concept Comparison

Program Concept	ASRH	PSC	TSC	CSC
Stroke Unit	No designated beds for acute care of stroke patients	Stroke unit or designated beds for the acute care of stroke patients	Has a neurointensive care unit or designated intensive care beds for complex stroke patients available 24/7; on-site critical care coverage 24/7	Has a neurointensive care unit or designated intensive care beds for complex stroke patients available 24/7; on-site neurointensivist coverage 24/7
Initial Assessment of Patient	Emergency Department physician, nurse practitioner, or physician assistant	Emergency Department physician	Emergency Department physician	Emergency Department physician
Diagnostic Testing Capability	CT, labs 24/7 (MRI 24/7 if used)	CT, MRI (if used), labs 24/7; CTA and MRA (to guide treatment decisions), at least one modality for cardiac imaging when necessary	CT, MRI, labs, CTA, MRA, catheter angiography 24/7; other cranial and carotid duplex ultrasound, TEE as indicated	CT, MRI, labs, CTA, MRA, catheter angiography 24/7; other cranial and carotid duplex ultrasound, TEE, TTE as indicated
Neurologist Accessibility	24/7 via in person or telemedicine	24/7 via in person or telemedicine	24/7 via in person or telemedicine; written call schedule for attending physicians providing availability 24/7	Meets concurrently emergent needs of multiple complex stroke patients; Written call schedule for attending physicians providing availability 24/7
Neurosurgical Services	Within 3 hours (provided through transferring the patient)	Within 2 hours; OR is available 24/7 in PSCs providing neurosurgical services	Within 2 hours; OR is available 24/7 in TSCs providing neurosurgical services	24/7 availability: Neurointerventionist; Neuroradiologist; Neurologist; Neurosurgeon
Telemedicine	Within 20 minutes of it being necessary	Available if necessary	Available if necessary	Available if necessary
Treatment Capabilities	IV thrombolytics; Anticipate transfer of patients who have received IV thrombolytics	IV thrombolytics and medical management of stroke	IV thrombolytics; Mechanical thrombectomy, IA thrombolytics	IV thrombolytics; Endovascular therapy; Microsurgical neurovascular clipping of aneurysms; Neuroendovascular coiling of aneurysms; Stenting of extracranial carotid arteries; Carotid endarterectomy
Transfer protocols	With one PSC, TSC, or CSC	For neurosurgical emergencies	For neurosurgical emergencies	For receiving transfers and circumstances for not accepting transferred patients
Staff Stroke Education Requirements	ED staff – a minimum of twice a year; core stroke team at least 4 hours annually	ED staff – a minimum of twice a year; core stroke team at least 8 hours annually	Nurses and other ED staff – 2 hours annually; Stroke nurses and core stroke team – 8 hours annually	Nurses and other ED staff - 2 hours annually; Stroke nurses and core stroke team - 8 hours annually
Provision of Educational Opportunities	Provides educational opportunities to prehospital personnel	Provides educational opportunities to prehospital personnel; Provides at least 2 stroke education activities per year to public	Provides educational opportunities to prehospital personnel; Provides at least 2 stroke education activities per year to public	Sponsors at least 2 public educational opportunities annually; LIPs and staff present 2 or more educational courses annually for internal staff or individuals external to the comprehensive stroke center (e.g., referring hospitals)

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MDHHS Stroke Programs

#	Michigan Stroke Hospitals	Certification Status
1	Ascension Borgess Hospital	CSC
2	Ascension Genesys Hospital *	PCS
3	Ascension Macomb-Oakland, Warren Campus	PSC
4	Ascension St Mary's Hospital	CSC
5	Ascension St. John Hospital	CSC
6	Ascension Providence Hospital, Novi Campus	CSC
7	Ascension Providence Rochester Hospital	PSC
8	Ascension Providence Hospital, Southfield Campus	PSC
9	Aspirus Iron River Hospital	
10	Aspirus Ironwood Hospital	
11	Aspirus Keweenaw Hospital	
12	Aspirus Ontonagon Hospital	
13	Bronson Methodist Hospital	CSC
14	Covenant Health Care System	PSC
15	Deckerville Community Hospital	
16	Detroit Receiving Hospital	PSC
17	Henry Ford Detroit Hospital*	CSC
18	Henry Ford Macomb Hospital	PSC
19	Henry Ford West Bloomfield Hospital	PSC/TSC
20	Henry Ford Wyandotte Hospital	PSC
21	Hurley Medical Center	PSC
22	Huron Valley-Sinai Hospital	PSC
23	Marlette Regional Hospital	
24	McKenzie Health System	ASRH
25	McLaren Bay Hospital	PCS
26	McLaren Flint Hospital *	CSC
27	McLaren Greater Lansing Hospital	PSC
28	McLaren Lapeer Region Hospital	PSC
29	McLaren Macomb Hospital	PSC
30	McLaren Northern Michigan Hospital *	PSC
31	McLaren Oakland Medical Ctr.	PSC
32	McLaren Port Huron Hospital	PSC
33	Mercy Health Muskegon Hospital	PSC
34	Mercy Health Saint Mary's Hospital	CSC
35	Metro Health Hospital-Grand Rapids	PSC
36	Michigan Medicine Hospital	CSC
37	Munson Medical Center *	PSC
38	Oaklawn Hospital	
39	ProMedica Bixby Hospital	PSC
40	ProMedica Herrick Hospital	PSC
41	ProMedica Monroe Regional Hospital	PSC
42	Sparrow Hospital *	CSC
43	Spectrum Lakeland Health*	PSC
44	Spectrum Health Blodgett	PSC
45	Spectrum Health Butterworth	CSC
46	St. Joseph Mercy Hospital-Ann Arbor	TSC
47	St. Joseph Mercy Hospital-Chelsea	PSC
48	St. Joseph Mercy Hospital-Oakland	TSC, PSC
49	St. Mary Mercy Hospital - Livonia	PSC

12 Comprehensive Stroke Centers (CSC)
2 Thrombectomy-Capable Stroke Centers (TSC)

PSC = Primary Stroke Center
CSC = Comprehensive Stroke Center
TSC = Thrombectomy-Capable Stroke Center

Note: Beaumont Royal Oak not on this list but is a confirmed CSC

Recommendation

- The subgroup craft a provision that ensures at least one initial MRI would be available (without volume requirements) for a facility with either a Level 2 (or higher) Trauma Center **or** a CSC/TSC Certified Stroke Program
- This would be 39 facilities if either program qualified a facility and 13 facilities if it required both programs in order to qualify
- Rationale is that these programs require 24/7 access to an MRI and that CON should never be a barrier to accredited clinical programs
    - Outside accreditation should limit concerns about MRI being clinically appropriate
- Recommend that a party initiating under this provision would have to comply with project delivery requirements (e.g. would have to meet minimum volume requirements after two years)

PORTABLE MRI UNITS

SUBGROUP #4 RECOMMENDATION

PARTICIPANTS

- Dave Walker, Spectrum Health
- Dr. Brad Betz, Spectrum Health
- Emily Vocke, Henry Ford Health System
- Arlene Elliot, Arbor Advisors
- Jennifer Groseclose, Munson Healthcare
- Cheryl Martin, Henry Ford Health System
- Marlena Hendershot, Sparrow
- Patrick O’Donovan, Beaumont Health
- Scott Bowers, St. Joseph Mercy Ann Arbor and Livingston
- Steve Szelag, Michigan Health
- Abby Burnell, RWC Advocacy

WHAT?

- Portable MRI technology is in its infancy. As such, it may not “be ready for primetime” and the subgroup recommends a limited initial approach to widespread application.
- Proliferation at this stage may result in unnecessary expenditure and poor quality of care.
- As written, this recommendation would allow 20 facilities to obtain a CON for a portable MRI unit.
- We suspect that the technology will be self-limiting due to capital and quality of images.
- Current approved MRI only capable of head scans and is best suited for neurological and stroke care.

KEY POINTS

Definition

- Section 2(1)(q) “hospital-based portable MRI” means an MRI unit that can be transported into patient care areas (e.g. dedicated neuroscience unit, ICU, Operating Room) to provide imaging of the brain.

Initiation Requirements

- Hospitals with an existing fixed MRI service, which has been in operation for 36 months
- Hospitals that are designated as a Level I or II trauma facility and as a comprehensive stroke center (CSC)
- Alternatively, hospitals can forgo the level I or II trauma and CSC certification if it has care for more than 500 acute stroke patients in the most recent 12-month period if located in a metropolitan county or 300 acute stroke patients in the most recent 12-month period if located in a rural or micropolitan county

Project Delivery Requirements

- Only use for brain scanning of patients being treated in a dedicated neuroscience unit, an adult or pediatric Intensive Care Unit (ICU) and/or an operating room
- Have an institutional MRI safety committee
- Report data to the Department on an annual basis (Annual Survey)

LANGUAGE

Section 13. Requirements for all applicants proposing to initiate, replace, or acquire an FDA-approved hospital-based portable MRI unit

Sec. 13. An applicant proposing to initiate, expand, replace, or acquire an FDA-approved hospital-based portable MRI unit shall demonstrate that it meets all of the following:

(1) An applicant is limited to the initiation, expansion, replacement, or acquisition of no more than two hospital-based portable MRI units.
(2) The proposed site is a hospital licensed under Part 215 of the Code.
(3) The proposed site has an existing fixed MRI service that has been operational for the previous 36 consecutive months and is meeting its minimum volume requirements.
(4) The applicant hospital is designated as a Level I or II trauma facility by the American College of Surgeons and has been certified as a Comprehensive Stroke Center by The Joint Commission, the Accreditation Commission for Health Care, Inc, or Det Norske Veritas or has cared for more than 500 acute stroke patients in the most recent 12-month period if located in a metropolitan county or 300 acute stroke patients in the most recent 12-month period if located in a rural or micropolitan county.
(5) The applicant agrees to operate the FDA-approved hospital-based portable MRI unit in accordance with all applicable project delivery requirements set forth in Section 14 of these standards.
(6) The approved FDA-approved hospital-based portable MRI unit will not be subject to MRI volume requirements.
(7) The applicant may not utilize MRI procedures performed on an FDA-approved hospital-based portable MRI unit to demonstrate need or to satisfy MRI CON review standards requirements.

LANGUAGE

Section 14. Project delivery requirements – terms of approval

(7) An applicant approved under Section 13 shall be in compliance with the following:

(a) The FDA-approved hospital-based portable MRI unit can only be used by a qualifying program for brain scanning of patients being treated in a dedicated neuroscience unit, an adult or pediatric Intensive Care Unit (ICU) and/or an operating room.

(b) The approved applicant must have an institutional MRI safety committee.

(c) The approved applicant must provide annual reports to the Department by April 30th of each year for the preceding calendar year, which include at least all of the following visits performed on the FDA-approved hospital-based portable MRI unit.

(d) The following portable MRI data must be reported to the Department:

(i) Number of adult visits (age>=18)

(ii) Number of pediatric visits (age<18)

(iii) Number of visits performed in an ICU

(iv) Number of visits performed in a dedicated neuroscience unit

(v) Number of visits performed in an operating room

ADDITIONAL RECOMMENDATION

- Review utilization and in three years determine if the language needs to be reviewed and modified to allow for more expansive utilization.

THANK YOU

Questions? Comments?

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